

# Parent Handbook



## Continuum of Care

**The Continuum of Care Mission is:**

***"To ensure the development and delivery of appropriate services to children with severe emotional disturbance."***



# State of South Carolina

## Office of the Governor

NIKKI R. HALEY  
GOVERNOR

OFFICE OF EXECUTIVE  
POLICY AND PROGRAMS

The Continuum of Care knows that understanding the many services available to your child can be confusing and frustrating. We also know that the more you, the parent/guardian, know about services for special needs children, the more you will be able to take an active role in planning the services needed for your child. We have created this Parent Handbook to give you information about the Continuum and other agencies and organizations that provide services.

This Parent Handbook belongs to you and your child. You can write in it, move pages around, and add other section of your own. It is designed to let you add information such as:

- Your child's TSP (Continuum's Total Service Plan);
- Your child's IEP or 504 Plan (the school's education plans for special needs children) if he/she has one;
- Your child's medical and prescription drugs records;
- Other reports as you receive them.

This Parent Handbook is designed to let you add newsletters, conference and workshop handouts, and other information that you find helpful. There is also a place to write down the name, phone number, and address of your child's Continuum Service Coordinator and others who work with and advocate for your child.

The RESOURCES section has information about other agencies and organizations. We have given you phone numbers and website addresses that will allow you to contact those groups to get more information from them. This information constantly changes, however and we will try to make you aware of changes as they occur. If you find that any information has changed or is incorrect, please let your Service Coordinator know or call Carol Smoak at (803) 734-4523.

We hope that the information in this Parent Handbook is helpful to you and your family. If you have any questions about the information in this book, talk with your child's Service Coordinator. Your child's Service Coordinator will explain the information or have someone contact you with more information.

John Shackelford  
Director

Continuum of Care  
1205 Pendleton Street, Edgar Brown Building  
Columbia, SC 29201  
(803) 734-4500 FAX (803) 734-4538

**Office of Continuum of Care**  
**Acknowledgement of Receipt of the Parent Handbook**

I certify that I have received a copy of the Parent Handbook and that the Service Coordinator has thoroughly explained how to use this handbook in order to maximize its benefits for my family.

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Signature of Client or Parent/Guardian

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Name of Client

---

Date

---

Service Coordinator:

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# Continuum of Care

## The Basics

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- The Continuum of Care is a part of the Governor's Office. The Continuum's State Office (main office) is in Columbia. There are 4 regional offices. This section has the phone numbers and addresses of the State Office and each regional office (see page 9).
- The Continuum of Care was established by the General Assembly to ensure adequate coordination of care for SED children.
- The Continuum of Care receives some money from the state and some from Medicaid. The South Carolina General Assembly decides how much money the Continuum can spend each year.
- The Continuum works with parents and/or legal guardians to keep each child at home with family. Additionally, Continuum works with community organizations, other state agencies and private providers to find needed services for your child. We access both informal services, such as the Boys and Girls Club, and formal services, such as family therapy. Whenever possible, the Continuum plans for services to be provided in your community in the least restrictive environment possible for your child.



## What Is A "Continuum Of Care"?

We use the word "continuum" at the Continuum of Care because we provide services that could fit anywhere from least intensive to most intensive. The type of services and how much of each service your child needs will change over time - we will work to change services to fit your child as his or her needs change.



**Our goal at the Continuum of Care is for all of our clients to move toward the least restrictive placement and the least intensive services possible.**

## What Is The Continuum Of Care Program?

The Continuum of Care (also known as just "The Continuum") helps children and youth with emotional disturbances in South Carolina. The main service we provide is case management (see the TOTAL SERVICE PLAN section for more on case management). Through case management, we work with other agencies, organizations and service providers to give many kinds of services in many different ways to our clients.

Services can include someone to help your child learn better social skills or someone to help your child control his or her behaviors. A child can get these services in his or her home or at school. Sometimes, a child might get services in a psychiatric hospital, and he or she may even go to school in the hospital. The Continuum will make an array of services available to meet the different and changing needs of your child. Many of the services in the "array" are listed in the SERVICES section of this handbook.



## **CONTINUUM OF CARE GOALS**

- **Increase your family's ability to meet the needs of your child.**
- **Increase your child's ability to function in his or her own home, school, and community.**



### **REMEMBER:**

**Even though the Continuum is involved with your child, you are the main person in your child's life.**

**When your child is served by the Continuum, he or she will continue to live with your family, if possible.**

**If your child must live in a residential placement, the Continuum will work to bring your child back home to live with you.**

## **What Are The Continuum's Basic Principles?**

The Continuum has some basic principles, or rules, that it follows when working with you and your child. They are:

- You have the main responsibility to care for your child's basic and special needs.
- The Continuum will develop a plan for services (the Total Service Plan or TSP) for your child with your help. It will be based on the individual needs and strengths of your child and the services your family needs.
- The Continuum will work with you, with your extended family and with other appropriate agencies and people who can plan and provide needed services for your child.
- Your child will continue to live with your family whenever possible. Your child's services will be provided by agencies and people in your home community when possible. We will try to keep your child's life as normal as possible.
- The Continuum will work with team members to give your family a range of services that will help you meet your child's needs. It may not be possible to get all of the services a family needs or wants.
- If your child is placed outside of your home, the Continuum will help you stay in close contact with your child. The Continuum will also arrange services for you and your child that will help your child return home.

**The Continuum  
will not stop  
serving your child  
because his or her  
behavior or problems  
are too difficult or  
serious.**



**You, as the parent  
or guardian,  
play an important  
role by helping  
your child follow the  
service plan (TSP)  
developed for  
him or her.**

## **How Is The Continuum Different From Other Agencies?**

The Continuum of Care was created to serve children in South Carolina with very serious emotional disturbances. This means that the Continuum's clients have challenges that need a service plan with many parts. The Continuum of Care works to coordinate services for your child.

The Continuum of Care does not directly provide services to clients except **case management** (see the TOTAL SERVICE PLAN section). The Continuum helps you arrange for family members, other people, organizations, and agencies to give the needed services. The Continuum staff work with you to get these services provided.

The Continuum will not stop serving your child because his or her behavior or challenges are too difficult or serious. There are, however, guidelines that help the Continuum, you and your child know when services from the Continuum are no longer needed. That information is covered on page 11 (The Transition TSP) in the TOTAL SERVICE PLAN section of this handbook.

## **How Can The Continuum Help My Child When Other Programs Have Not?**

The Continuum's staff is in contact with all of the people working with your child. These people will be a part of your child's **Total Service Plan (TSP)** team. By working together, this team is able to see the whole picture, to see problems that can happen, and to find ways to solve problems. Team planning encourages everyone to work together to find the best services for your child.

Many times the agencies providing services for a child with an emotional disturbance cannot give that child exactly the services needed. We "wrap" your child in services made to fit your child's special needs. When the services your child needs are not available, we will **try** to develop those services.



**The Parent Agreement Form (PAF) states what you and the Continuum agree to do while your child is a client of the Continuum of Care.**



## **What Is My Part As A Team Member?**

- You are the most important team member. During the entire time your child is a client of the Continuum of Care, you will need to attend meetings to plan your child's services. This includes your child's Individual Education Plan (**IEP**) meetings at school, the Total Service Plan (**TSP**) meetings, or the treatment meetings set up by service providers.
- As the parent or legal guardian, you are responsible for taking care of your child while he or she is a Continuum client.
- If your child is eligible for Medicaid under any of the Medicaid programs, you should apply for Medicaid. Also, tell your child's Continuum Service Coordinator when there are any changes to eligibility.
- If you have medical insurance, you should tell the Continuum. That insurance will be used to pay for your child's medical treatment.
- If your child is placed out of your home, you must make sure that your child has clothing, personal items such as toothbrush and toothpaste, and spending money. The Continuum may be able to help you find clothing and other items for your child if you cannot pay for them.
- You will be asked to help pay for treatment services for your child. If your family cannot afford to pay all of the costs, the Continuum will help you explore financial options available to assist you.
- If your child is placed in an out-of-home placement, remember that it is very important that you visit and call him or her on a regular basis. You will need to work on helping your child get ready to come back home.
- If your child is placed out of the home and receives SSI, that money will be used to help pay for the out-of-home placement.
- If your child receives an adoption subsidy, you will be expected to contribute these funds for the benefit of the child.
- If your child does not receive Medicaid, you will be asked to assist in paying for case management services, on a sliding scale basis.



## What If I Don't Always Agree?

Continuum strongly supports the concept of a team approach to helping your children. You, as parent/guardian, are a vital part of that team. It is important that you and your Service Coordinator develop a close working relationship in which both of you feel heard and respected. We also know that differences of opinion can arise in any relationship. We have established procedures to try to resolve situations quickly so that we can all stay focused on working together to help you and your family. These procedures address if:

- I. There is a difference of opinion between parent and Service Coordinator regarding treatment:
  1. You should address any difference of opinion directly with Service Coordinator. Please express to your Service Coordinator how you feel as well as why you feel the way you do regarding treatment options being offered. We welcome all alternative suggestions from you and are willing to discuss them. We also ask that you listen to and consider the Service Coordinator's explanation for their suggestions. It is our hope that you and your Service Coordinator can resolve any differences of opinion through this exchange of ideas.
  2. If you and the Service Coordinator cannot resolve the difference of opinion, the Service Coordinator will inform his/her supervisor and regional clinical consultant. A meeting will then be scheduled at a time that is convenient for all parties to discuss the issue. The purpose of this meeting is to share information and ideas as well as to try to reach a creative solution. You are welcome to bring anyone you wish to this meeting. We ask that you inform the Service Coordinator of the number of people you anticipate bringing to ensure that the meeting location can comfortably accommodate all in attendance. *While you are welcome to ask members of your support system to attend any meeting with you, Continuum of Care asks that you notify your Service Coordinator if you intend to ask an attorney to attend a meeting.*
  3. If the difference of opinion cannot be resolved at this level, the Regional Director is contacted. A meeting will be scheduled with you and the Regional Director at a mutually convenient time/location to get a better understanding of your concerns and attempt to brainstorm some solutions.
  4. Should no solution be found, the Regional Director will contact the State Director to determine how best to handle the situation. At this point the State Director may contact you directly or may request arbitration from a family advocacy organization.
- II. You are concerned about your relationship with your Service Coordinator:
  1. We ask that you address your concerns directly with your Service Coordinator. It is our hope that a relationship built on mutual respect has formed and direct communication maintains that respect. If this is uncomfortable you should contact the Service Coordinator's supervisor and express your concerns to the supervisor.
  2. The supervisor will notify the Regional Director of the situation and all parties will meet to attempt to resolve the areas of concern between you and the Service Coordinator. It is extremely disruptive to change Service Coordinators and we try to avoid this when ever possible. The goal of this meeting is to find ways to improve the working relationship between you and your Service Coordinator.

## What If I Don't Always Agree? - (continued)

3. The Regional Director will inform you of the final decision regarding change in Service Coordinators.

### III. Service Coordinator is concerned about their safety:

1. If the Service Coordinator is feeling unsafe or threatened in a situation with a family, we ask them to end that contact in a professional manner and to immediately inform their supervisor of the situation.
2. The supervisor will contact the family and will schedule a meeting with the family, Service Coordinator, and the Regional Director. At this meeting the team will determine what the perceived threats were/are and develop a plan to ensure that the Service Coordinator and family feel safe working with each other. This relationship should be one of mutual respect. We expect our staff to treat families in a respectful manner and will address any perceptions of disrespect with the Service Coordinator. Equally, we expect families to treat our staff in a respectful manner. We do not expect our staff to remain in situations that they perceive to be unsafe or abusive.

### IV. You wish to speak to the State Director or Legislators:

1. It is always your right to contact your Legislator. If you are thinking of contacting them because of an issue with Continuum of Care, we would ask that you contact us first and let us try to resolve the issue internally. Please let your Service Coordinator know of your concerns and allow us time to work with you to try to resolve these issues.
2. Equally, it is certainly your right to contact the State Director. However, we ask that you attempt to resolve the situation on the regional level before doing so. If you do call the State Director, the first question will be "have you talked to the Regional Staff about this?" The State Director will include Regional Staff in all discussions as we can only resolve issues if we are all working as a team.

We hope you will find these procedures helpful in addressing any concerns that may arise. It is important that you and your Service Coordinator feel you can resolve issues directly and that everyone feels heard and respected.

## What Do I Do If I Want To Remove My Child From The Continuum?

As a parent or legal guardian, you have this right. All services are provided by agreement of the parent or legal guardian. When you withdraw your approval, your child is taken out of the program. You should tell your child's Service Coordinator before you withdraw your consent, however, so that we can help you plan for services after your child leaves the Continuum program. More information about leaving the Continuum program is in the TOTAL SERVICE PLAN section of this handbook.



## What Can I Do To Help My Child?

Throughout your child's life, you and others will be making decisions about your child. At the Continuum, the **T**otal **S**ervice **P**lan (**TSP**) team will plan services and decide how those services will be provided. **You** are the most important person on your child's TSP team. **You** are your child's best advocate!

### *What can you do in your role on the TSP team?*

- **Keep a record of everyone working with your child.** The pages at the end of this section give you a place to write down the phone numbers and addresses of people and agencies involved in your child's life. Keeping this information in one place will help you remember all of the people working with your child.
- **Record contacts.** Whenever you talk with someone, write down the person's name, date of the contact and any important information that you may need to remember later.
- **Use a calendar.** Write down the dates and times of all appointments. Include appointments for you or your child, even those with your child's service providers - such as therapist, tutor, or Service Coordinator.
- **Keep reports.** You can add your child's **IEP**, school psychological evaluations, doctor's reports, and other information to this handbook.
- **Make lists.** The pages after the phone and address section give you a place to write down important information about your child. You can add pages of your own and include important events in your child's life.
- **Learn about services** that your child needs or may need in the future. Use your time with your child's Service Coordinator to learn how to find out about services, how to arrange services, and who to ask for help. Some other resources for learning how to advocate for your child are included in the RESOURCES section of this handbook.
- **Go to meetings for your child.** By participating in your child's TSP, IEP, residential treatment, and other such meetings, you can make sure that you know exactly what is being planned for your child. If you do not understand anything at the meeting, do not be afraid to ask questions - you have the right to understand everything that relates to your child's education and services.
- **Participate in your child's services.** If the services for your child include services for you and your family, make participation in those meetings a priority. If you must miss an appointment due to an emergency, please let the person providing the service know immediately. Then set up another appointment.

# Continuum of Care

1205 Pendleton Street, Room 372  
Columbia, South Carolina 29201  
Phone: (803) 734-4500 Fax: (803) 734-4538

**Director:** John Shackelford  
**Client Services Director:** Broks Hansen

## **REGIONAL OFFICES**

### **REGION A**

**Director: Rene'e Hampton**

2221 Devine Street, Suite 422 \* Columbia, South Carolina 29205

Phone: (803) 737-1601 Fax: (803) 737-1610

Toll Free Number: 1-888-539-8863

**Serving:** Aiken, Barnwell, Chester, Fairfield, Lancaster, Lexington, Richland, and York counties.

### **REGION B**

**Director:** Kathy Scully

Piedmont Center, East Building, 37 Villa Road, Suite 300 \* Greenville, South Carolina 29615

Phone: (864) 271-4321 Fax: (864) 271-4473

Toll Free Number: 1-800-286-2080

**Serving:** Abbeville, Anderson, Cherokee, Edgefield, Greenville, Greenwood, Laurens, McCormick, Newberry, Oconee, Pickens, Saluda, Spartanburg, and Union counties.

### **REGION C**

**Director:** Jamillah Smalls

2120 Jody Road, Suite E \* Florence, South Carolina 29501

Phone: (843) 317-4021 Fax: (843) 317-4018

Toll Free Number: 1-888-286-2334

**Serving:** Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Kershaw, Lee, Marion, Marlboro, Sumter, and Williamsburg counties.

### **REGION D**

**Director:** Enid Jenkins

7410 Northside Drive, Suite 201 \* North Charleston, South Carolina 29420

Phone: (843) 569-3079 Fax: (843) 569-2403

Toll Free Number: 1-888-782-1381

**Serving:** Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, and Orangeburg counties.

## Contact Information

Name	Agency/ Title	Phone Number	Address
	Continuum of Care Service Coordinator		

# Contact Information

Name	Agency/ Title	Phone Number	Address

## Record of Contact

[illegible]



## Other Information


# Continuum of Care

## Medicaid and Supplemental Security Income

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- Medicaid is a program in which the state and federal governments share the cost of health care services. Each state has a separate Medicaid program with different rules and services. A person who is eligible in South Carolina may not be eligible in Georgia or North Carolina.
- If your child is eligible for but not currently enrolled with Medicaid, we will ask that you apply for Medicaid benefits so that some of your child's services can be paid for with Medicaid money.
- **Supplemental Security Income (SSI)** is a program that can provide money for your child. SSI is paid for with money from the federal government and is run by the Social Security Administration. This program is set up to make sure that people who are disabled and unable to care for themselves have a minimum income.

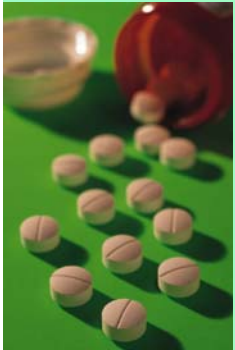


## Why Is It Important For My Child To Have Medicaid?

It is important for your child to have Medicaid because it will pay for many services, including many “wrap” services, psychiatric residential placements, and case management services listed in the SERVICES section of the handbook. Medicaid utilizes combined state and federal funds to pay for services that are “medically necessary”.

Two conditions must be met:

- The service must be covered by Medicaid and
- The child must be approved (eligible) to receive Medicaid services.

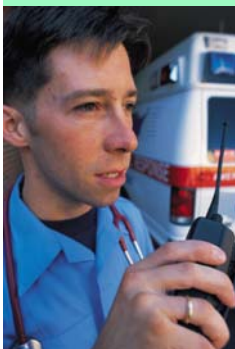


Youth adopted through special needs adoption services are eligible for Medicaid services up to age 21.

## What Can Medicaid Do For My Child?

Medicaid can help cover many of the costs of the services that your child needs, such as:

- Medical care from your child’s doctor;
- The costs of most prescriptions drugs (and some over-the-counter drugs if the doctor writes a prescription for them);
- Hospital care including inpatient psychiatric services for people under age 19;
- Many dental services for people under the age of 19, including regular checkups starting at age 3 if enrolled in the Medicaid EPSDT program;
- Lab work and x-rays;
- Ambulance and transportation for medical services;
- Mental health services such as therapy;
- “Wrap” services such as a behavior intervention or independent living skills worker;
- Select psychiatric or treatment oriented residential placements.



## What is Partners for Healthy Children?

**Partners for Healthy Children (PHC)** is a free state health insurance program for children and teens from birth through age 18. This program offers health insurance that covers:

- doctor visits for sick children;
- hospital visits;
- prescription drugs;
- regular dental care and exams;
- transportation to medical appointments;
- health check-ups;
- lab and X-rays;
- vision care and eye glasses;
- mental health services;
- immunizations.

Eligibility is based on income, age of the child, and citizenship.

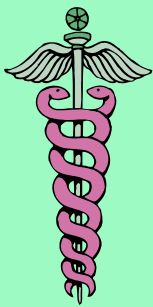
Even if your income is too high for your child to get SSI or Medicaid through most programs, he or she may be able to get Medicaid through the PHC program. Current eligibility limits are:

Income Limits	
Partners For Healthy Children (PHC) Coverage For Children - Age 1 to 19 (150% of Poverty Level)	
March 2009	
Family Size	Monthly Income
1	\$1,354.00
2	\$1,822.00
3	\$2,289.00
4	\$2,757.00
5	\$3,224.00
6	\$3,692.00
For each additional family member add \$468 to the monthly income.	

## What Is TEFRA?

TEFRA is the **T**ax **E**quity and **F**iscal **R**esponsibility **A**ct. If your family's income is too high for your child to be eligible for Medicaid but your child's medical costs are high, then your child may be able to receive Medicaid based only on his or her income. If you are turned down for Medicaid because of income and your child does not qualify for PHC, talk with your Service Coordinator about making a TEFRA application.

**If you already have private insurance or get it later while your child is receiving Medicaid, call and ask about the Health Insurance Program at DHHS' general information #: (888) 549-0820 to find out if Medicaid can help you pay the premium.**



## **What If My Child Is Covered By Private Insurance?**

If your child qualifies for Medicaid, he or she can still have private insurance. Medicaid requires that the insurance company pay its part before Medicaid pays, but that requirement will not mean that you will have to pay more. In fact, if the doctor, hospital or other provider agrees to accept Medicaid payment for a service, you will not have to pay anything. Also, if your child has a chronic medical condition such as kidney disease, Medicaid may pay the premium for your private insurance.

NOTE: When you apply for Medicaid for your child, you will be asked to give your consent for the State to bill your private health insurance company. Billing your insurance company will automatically happen any time your child receives health care services once you give your consent.

## **How Do I Get Medicaid For My Child?**

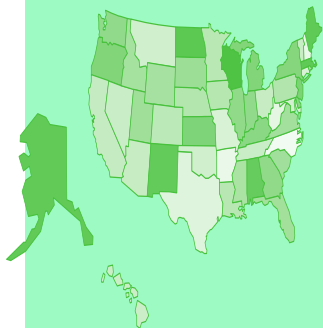
The Department of Health and Human Services (DHHS) is the agency that determines if someone is eligible for Medicaid. You can call one of their local offices to apply. A list of local offices and phone numbers is in the RESOURCE section of this handbook.



## **Can I Choose My Child's Doctors and Other Health Care Providers?**

Yes! You always have the right to choose the doctor, drug store, hospital, dentist or other medical provider you want your child to see anywhere in the state of South Carolina. However, doctors and dentists can limit how many Medicaid patients they see, so the provider you choose may not take your child as a patient. The provider must agree to be a South Carolina Medicaid provider AND accept Medicaid as payment for services for your child.

If you have trouble finding a doctor, dentist, or other medical provider who will accept your child's Medicaid as payment, tell your Continuum Service Coordinator. He or she can help you.



## **What If My Child Needs Medical Help While Out Of The State?**

If your child gets sick or injured while you are visiting outside the state of South Carolina and can not wait for medical help until he or she comes back to South Carolina, then you can use the Medicaid card in another state. If that happens, the doctor or hospital must write or call the phone number on the Medicaid card to get approval for Medicaid to pay. The request for approval must be made within 30 days of the day that your child received the service.

As with all providers, Medicaid will pay only if the provider agrees to enroll with the South Carolina Medicaid Program and file a South Carolina Medicaid claim.

**Take the following information when you go to the Social Security office to apply for SSI:**

- **Your child's Social Security card or a record of the number;**
- **Your child's birth certificate or other proof of age;**
- **Information about the home where your child lives, such as the mortgage payment or lease and landlord's name;**
- **Payroll slips, savings books, insurance policies, car registration, burial fund records, and other information about your child's income and resources;**
- **Names, addresses, and phone numbers of doctors, hospitals, and clinics that have treated your child**
- **Any information that will prove your child's disability (see next page).**

## **What Is SSI?**

SSI (Supplemental Security Income) is a federal program that provides monthly payments to anyone who has little or no resources (savings, for example) or income AND has a disability. The purpose of the program is to guarantee that anyone who is disabled has a minimum income.

Children who are served by the Continuum may be eligible for SSI because of their emotional disturbance or behavior. If your child is eligible for SSI, he or she will receive money to use for living expenses. The amount of money that your child receives will depend on how much money he or she gets from other sources. The representative who helps you with the application can tell you more about the amount of money your child might receive.

To get more information on SSI, ask your Social Security representative for SSA Publication #05-11015.

## **How Do I Apply For SSI For My Child?**

You can apply for SSI by visiting a Social Security office or calling Social Security for an appointment with a Social Security representative. Parents or guardians can apply for a child under 18. If you need help with applying for SSI, call your child's Continuum Service Coordinator.

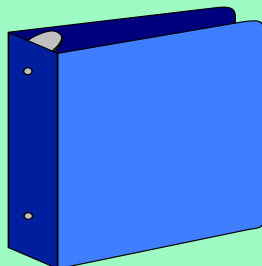
The Social Security office will use the information that you give them to determine if your child is disabled according to the Social Security's definition.



## **Hints on Keeping Records to Show Your Child's Disability**

- **Make a list of the names, addresses and phone numbers of all your child's medical and mental health services providers and the dates of all visits.**
- **Ask for records that your doctor and hospital have on your child. The records should have the names of any medicines your child takes and the dates and reasons for hospital stays.**
- **Ask for records of any psychologists, mental health counselors, therapists, and other workers that have seen your child.**
- **Ask your child's teachers, school counselors, and school psychologists for written reports that they may have that show your child's limitations.**
- **Keep a diary of your child's activities that have caused problems.**

**You can keep all of the above information in your Parent Handbook.**



## **How Does Social Security Define "Disabled" For A Child?**

Social Security workers need to know how your child's condition affects his or her ability to function. Some examples of what they would look at are:

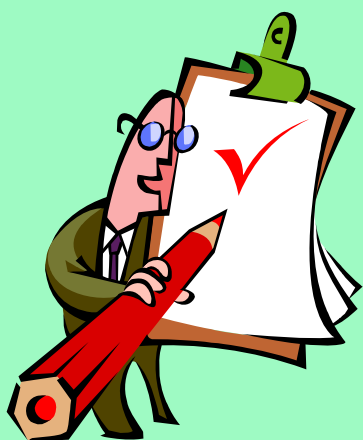
- Can your child learn, understand and solve problems like other children his or her age?
- Can your child express feelings and ideas?
- Can your child relate to (talk to, have fun with) you, other adults, and children?
- Does your child interact appropriately for his or her age?
- Does your child get along with family members, friends, classmates, and teachers?
- Does your child have a history of running away?
- Does your child have a history of being physically aggressive toward others?
- Can your child follow a schedule for medicines and therapy as well as other children his or her age?
- Does your child do things safely?
- Can your child stay focused on a task and complete it as well as other children his or her age?

While your child may not have a physical disability such as cerebral palsy or blindness, he or she may still be considered disabled.

Social Security will need information about the past 12 months only. It is a good idea, though, to keep all the information you get on your child. You may need the information later to get other benefits or to show that your child is still disabled if he or she receives a notice that SSI is being stopped.

## **The changes that you need to report to DHHS (for Medicaid), Social Security (for SSI) and your child's Service Coordinator**

- **Changes in your child's income.**
- **Changes in your child's resources such as savings, money gifts, inherited money.**
- **Changes in living arrangements - if someone moves into or out of the house.**
- **If your child leaves the United States.**
- **If your child goes into or comes out of an institution.**
- **Any changes in the spouse's income and resources if your child gets married or is married.**
- **Any changes in your family's income and resources if your child is under 18 and living with you.**



## **Other Important Things To Know About Medicaid and SSI**

- If you have any changes that could affect your child's eligibility, you should report it to:
  - DHHS if it could affect your child's Medicaid eligibility;
  - Social Security if it could affect your child's SSI;
  - Your child's Service Coordinator who can help you if you think that your child may lose Medicaid and/or SSI.
- When a child is in a state run public institution (i.e., DMH facility, DJJ), benefits are suspended. When placed in a private hospital or RTF, there is a cap on benefits for personal needs of \$30.00 per month.
- If you or your child needs help in managing the SSI money, the SSI payment can be made through a representative payee. This representative payee would use the money to pay for the things that your child would need to live.
- If your child goes into a residential placement, the Continuum will be your child's representative payee.
- You have the right to appeal most decisions made about your child's eligibility or payment amount. Since there is a time limit on appeals, let your child's Service Coordinator know immediately if you get a notice in the mail concerning changes in Medicaid and SSI.
- Under current legislation, individuals who are 18 years of age who receive SSI benefits must have their eligibility reviewed as if they were applying for adult SSI for the first time, without consideration of previous disability determinations. In other words, the person can be determined ineligible for benefits at the age of 18 although there has been no change in medical condition or ability to function since being found eligible for childhood SSI benefits.

# Continuum of Care

## Total Service Plan

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The **Total Service Plan (TSP)** is a plan for helping your child function well in home, school and community. The TSP is a working document and can be changed whenever the needs of your child change. The TSP will list the goals that are most important to you and will identify services that will help your child meet those goals.

This section of the handbook will explain **Total Service Plan** and the activities that make up case management.

Your child's first TSP meeting will be held within 60 days of being accepted as a Continuum client.

Each agency or service provider may do its own service plan or treatment plan showing what it will do for your child. The Continuum does a plan (the TSP) that lists all of those agencies and providers.

If your child's needs change a lot before it is time for a new TSP meeting, the TSP meeting can be held early.

Some examples of when another TSP meeting may need to be held are:

- A child runs away from home or from a residential placement.
- A child's behaviors change so much that most of the TSP services are no longer the best ones.
- A child's behaviors change so much that he or she is a danger to self or others.

## Who Is On The TSP Team?

The TSP team is made up of people who know your child and who work for agencies who provide services for your child. Members of the TSP team might be:

- You, the parents or guardians;
- Your child;
- Your child's Continuum Service Coordinator;
- Family members or friends you want to attend;
- Representatives for other agencies who serve your child, such as the DMH psychologist, school teacher, DDSN case manager, or probation officer.
- Private providers who provide services to your child (such as your child's behavior interventionist, therapist, tutor, residential provider, family doctor).

The people listed above will work together to help decide what services your child needs and who should provide those services.

**The most important team member is you**, the parent/guardian, because you know your child better than anyone else. You should always attend your child's TSP meeting. In fact, you may be asked if you would like to actually lead the TSP meeting.

The TSP is written after your child's Service Coordinator has collected information about your child. The TSP team will meet to decide what services your child and your family need based on that information. The plan that the TSP team writes will guide your child's Service Coordinator in providing case management for your child.



**In order for the Continuum to gather necessary information, you will be asked to sign a Release of Information form.**



**This form will be given or sent to any agency or organization from which the Continuum is requesting information.**

**If your child is 18 years of age or older, he or she would be the one to sign the Release of Information.**

**Copies of these forms are on the next page.**

## **What Information Does The TSP Team Need?**

The TSP team will need to know information about your child that would help them decide what types of services are needed and how those services should be provided. That information includes:

- Your child's strengths - what he or she does well or likes to do (examples: remembering birthdays, being able to do math, having a job, knowing how to use the bus, always being on time);
- Your family's strengths (examples: keeping your child's appointments, being organized, having lots of family members to help you);
- Your child's needs (examples: medical needs, behavior problems, difficulties at school, problems relating to other people);
- Your family's needs related to your child's disability (examples: managing your child's behavior, knowing more about the disability, having a poor relationship with your child, family stress due to your child's behavior);
- The extended family members, agencies, organizations, and people involved with your child (example: grandmother who provided respite, a mental health agency, a family support group, a behavior interventionist, or a neighbor who provides after-school care);
- The services your child is now receiving and how successful those services are;
- The services your child needs and what services you want;
- The services you think you and your family need that will help you with your child.

## **How Does A Service Coordinator Get Information?**

Your child's Service Coordinator will gather information for each TSP meeting in several different ways. He or she will:

- Talk with you, your child, and other appropriate family members;
- Call, visit, or write people and agencies who are providing services to your child to find out how your child is doing, any problems with the services, and what needs to happen next;
- Gather reports such as your child's school psychological report, notes from your child's therapist, medical reports from your child's doctors;
- Review the previous TSP if this is not the first TSP meeting for your child;
- Complete the CAFAS using all of the gathered information (see page 7).

**CONTINUUM OF CARE  
CONSENT FOR TREATMENT AND USE AND DISCLOSURE  
OF PROTECTED HEALTH INFORMATION**

I give my consent for \_\_\_\_\_ to become a client of the Continuum of Care for Emotionally Disturbed Children and to receive treatment, services, and/or appropriate placement in accord with a plan developed by public agencies, schools, and/or service providers affiliated with the Continuum of Care.

This consent for treatment is valid as long as \_\_\_\_\_ is a client of the Continuum of Care or until this child's parent or guardian withdraws it. If I have any questions concerning necessary treatment, services, and/or therapeutic placement, I may request a review with the Continuum of Care. I have received a copy of this consent form.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

**Permission to Use and Disclose Your (Child's) Health Information**

By signing this consent, you authorize us to use and/or disclose your health information for treatment, payment, or health care operations. The PHI will be used to plan and carry out case management and treatment services. You have the right not to sign this consent. However, if you refuse to sign this consent, we have the right to refuse to treat you.

Your rights with respect to this Consent.

1. **Right to Review Notice of Privacy Practices.** We have provided you a copy of our Notice of Privacy Practices which details how we may use and disclose your health information. You have the right to review this Notice before signing this consent. We may amend the Notice from time to time. You may obtain a copy of our Notice of Privacy Practices, including any revisions we have made by contacting your child's Service Coordinator.
2. **Right to request Restrictions on Use/Disclosure.** You have the right to request that we restrict how we use and/or disclose your protected health information for providing treatment, obtaining payment for our services, and/or conducting health care operations. Such requests must be made in writing. Please note that we are not required to agree to any restriction you may request. If, however, we decide to agree to a restriction you have requested, we must restrict our use and/or disclosure of your health information in the manner described in your request. To obtain a restriction request form, please contact the Continuum's Privacy Officer.
3. **Right to Revoke Consent.** You have the right to revoke this consent at any time. Your revocation of this consent must be in writing. If you wish to revoke this consent, please contact the Continuum's Privacy Officer to obtain a revocation form. Note that your revocation of this consent will not be effective for disclosures we have already made in reliance on your prior consent. We also have the right to refuse to provide further treatment if you revoke this consent.
4. **Right to receive a copy of this consent form.** You have a right to receive a copy of this consent form after you sign it.

**Effective Period:** This consent is effective unless and until you revoke it in writing.

I hereby authorize Continuum to use and/or disclose my child's health information for treatment, payment, or health care operations.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_ I want to receive mailings, such as newsletters, trainings and meeting notices, and updates, from the Continuum.

\_\_\_\_ I do not want to receive mailings, such as newsletters, trainings and meeting notices, and updates from the Continuum.

**Withdrawal of Consent for Treatment and Use and Disclosure of Protected Health Information**

I withdraw my consent for my child, \_\_\_\_\_; to receive services from the Continuum of Care for Emotionally Disturbed Children. I understand that I may reapply for these services at any time.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

**CONTINUUM OF CARE  
AUTHORIZATION FOR USE AND/OR DISCLOSURE OF INFORMATION**

I, \_\_\_\_\_ (parent/guardian) give permission to the Continuum of Care to use and or disclose the following protected health information form/with \_\_\_\_\_  
(State or Federal agency, school, service provider) regarding \_\_\_\_\_ (child's name)  
born on \_\_\_\_\_ (date of birth).

School records

Teacher/counselor observations/reports

Educational evaluations

Psychological evaluations

Raw test data (psychological)

Treatment records

Case records

Medical records/reports

Discharge summaries

Other: (specify):

This protected health information will be used to plan and carry out case management and treatment services. I understand that information used or disclosed pursuant to this authorization may not be protected from re-disclosure by the recipient.

This authorization shall be in force and effect until \_\_\_\_\_ at which time this authorization expires.

I have read and understand that I have the right to revoke this authorization at any time by sending a written notification to the Privacy Officer at the Continuum of Care, 1205 Pendleton Street, Room 372, Columbia, SC 29201.

The Continuum of Care will not condition my treatment, payment, or enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to:

- Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent state law provides greater access rights).
- Refuse to sign this authorization.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

**Withdrawal of Consent for Treatment and Use and Disclosure of Protected Health Information**

I withdraw my authorization to release information about my child, \_\_\_\_\_, to the Continuum of Care for Emotionally Disturbed Children.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date



**OFFICE OF THE GOVERNOR  
CONTINUUM OF CARE**

**Consent for Clinical Interview and/or Assessment**

I give my consent for \_\_\_\_\_ to receive psychological/psychiatric/medical consultation services that involve clinical interviews and/or assessment, in association with his/her participation as a Continuum of Care Client. I understand that any information obtained from these services will be made available to my child's Service Coordinator, in order for the coordination of appropriate services. This consent is valid for one year or as long as \_\_\_\_\_ is a client of the Continuum of Care (if less than one year).

\_\_\_\_\_  
Signature (Legal Guardian)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

**Withdrawal of Consent for Clinical Interview and/or Assessment**

I withdraw my consent for my child, \_\_\_\_\_, to receive consultative services that involve clinical interviews and/or assessment from a Continuum of Care Psychologist/Psychiatrist. I understand that if I withdraw consent for such services the Continuum of Care Psychologist/Psychiatrist will still provide other consultation services to my child's Continuum of Care Service Coordinator in accord with Continuum of Care policy and procedures..

\_\_\_\_\_  
Signature (Legal Guardian)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date



## What Is The CAFAS?

The Continuum uses many different ways to assess your child's strengths and needs. One formal assessment tool that we use is called the CAFAS. CAFAS stands for the Child and Adolescent Functional Assessment Scale. Using this form helps us to more clearly see your child's strengths and needs and make sure that we are not missing any needs.

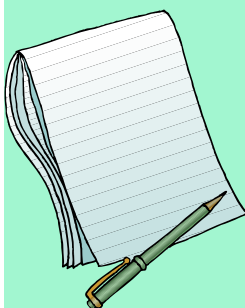
Your child's Service Coordinator will meet with you and teachers, mental health counselors and other individuals working with your child to ask you questions to help rate the CAFAS form. Questions may include:

- How is your child doing at home?
- How is your child doing at school?
- How is your child doing in the community (in your neighborhood, stores, restaurants, church, and so forth)?
- How does your child get along with other people?
- Does your child seem to feel happy, sad, angry?
- Does your child have thoughts that seem strange to you or others?
- Does your child use any drugs or alcohol?

The information that the Service Coordinator gets from you and others will be used to rate the CAFAS. The Service Coordinator will write a summary of this information on the TSP. The summary will guide the TSP team in planning services for your child.

## What Do Parents Need To Do For The TSP Meeting?

You may be asked if you would like to lead the TSP meeting. Otherwise, you need to:



- Write down what you want to ask about or tell the other TSP team members so that you do not forget it in the meeting.
- Gather any new information that you may get just before the meeting, such as new medicines for your child.
- Talk to your child's Service Coordinator about anything that may be a problem for you such as:
  - Any service that is not working;
  - People who will be attending the meeting whom you are not comfortable with;
  - Problems with transportation to the meeting for you or your child;
  - Anything that may keep you from attending the meeting, such as needing childcare for your other children or not being able to get off from work.

## What Happens At And After The TSP Meeting?



The Continuum Service Coordinator will provide case management services to make sure that the services on the TSP are provided. Some of the things that he or she will do to provide case management services are:

- Coordinate and monitor services to make sure they are being provided as the team decided they should be.
- Find services that are on the TSP but are not available or are not being provided for your child.
- Advocate for your child and family to get needed services.
- Continue to assess your child's needs.

After the TSP meeting is held, the Continuum Service Coordinator will type the TSP document. The original will be placed in your child's Continuum file. Copies will be given or sent to you and the agency representatives who are working with your child.

When your child's Service Coordinator "coordinates" the services on the TSP, he or she:

- Looks at what needs to happen,
- Decides who is responsible for making it happen,
- Makes sure that it happens as planned, and
- Does what needs to be done if it does not happen as planned.

The jobs that the Service Coordinator must do to coordinate the TSP include:

- Finding a specific person to work with your child or your family on a service such as therapy, independent living skills, or tutoring;
- Setting up appointments for you child or helping you to do that;
- Talking to the different people who work with your child to make sure that there are no problems with the dates and times of appointments;
- Keeping you and other TSP team members informed about what is happening as needed.

### **Important things to tell your child's Service Coordinator:**

- If your child is hurt or has hurt someone else.
- If your child runs away from home.
- If your child does something and the police or other law officer is involved.
- If your child is seriously ill.
- If someone working with your child stops providing the service.
- If you are unhappy with a service your child is receiving.
- If your child is not able to go to an appointment.



### **EMERGENCIES**

**You should contact the Continuum immediately if you have an emergency. However, NOT ALL things are emergencies!**

The Service Coordinator will call, visit, or ask for reports from you, your child, other TSP team members and the service provider to make sure that the services are being provided as the TSP team wanted them to be. The Service Coordinator will also check to make sure that the services are helping your child.

Every service on the TSP lists:

- How often that service should happen (one hour a week, two times a month, and so forth).
- Who will provide the service to your child.
- What the service should do for your child (the service goal).

The Service Coordinator will contact you as part of the “monitoring” that he or she does. The Continuum has guidelines that tell Service Coordinators how often they should make those contacts. Your child’s Service Coordinator is required to **call** you **at least** three times per month and meet with you one time every month. He or she is also required to **meet** with your child **at least** once a month.

These calls and meetings are important because they help your Service Coordinator know what is going on with your child, including:

- Is your child doing okay with the services he or she is getting?
- Is your child having problems that need a new or different service?
- Is the service being provided the way that it should be?
- Does your child still need all services on the TSP?
- Are you or your child having problems with a service?
- Do you have questions about a service?

When your Service Coordinator talks with you, you should share important information with him or her. You do not need to wait for him or her to contact you - you can call or visit your child’s Service Coordinator whenever you think that it is important to do that. The Service Coordinator will give you a phone number to call when you need to contact the Continuum. Be sure to write that information down so that you will always have it.

During the TSP meeting, the Service Coordinator along with you and the TSP team, will develop a *Crisis Plan*. This *Crisis Plan* will be a part of the TSP document and it will identify potential crises that your child may experience in the home, school, community settings and prioritize emergency phone numbers and persons to contact.

**Monitor:**

Check up on; ask questions to find out how someone or something is doing.

**Ways that  
your child's  
Service Coordinator  
might contact  
someone:**

- **Talking with them on the phone**



- **Visiting them at the program serving your child**
  - **the school,**
  - **the residential program**



- **Writing them to ask for information**



## **How Often Will The Service Coordinator "Monitor" The Services By Talking With Other People?**

Your Service Coordinator is required to make regular contacts with the people who are providing services to your child. The following chart shows the Continuum requirements for contacts. If your child has been accepted to receive case management services from the Continuum but the first meeting of the TSP team has not happened, then your child's Service Coordinator will:

- Contact someone at your child's school such as the teacher or psychologist every other month;
- Contact someone at the program every week if your child is in residential placement and make a visit to the residence at least every two weeks.

Contact with other providers is the same as it will be after the TSP is completed.

<b>If the person is:</b>	<b>The Service Coordinator will:</b>
Your child's school teacher	Call or visit the school at least once a month and attend all IEP meetings.
A residential care provider	Talk with the residential staff by phone at least three times a month and visit the residential placement once a month.
A non-residential provider (such as a behavior interventionist, tutor, independent living skills worker, in-home service worker)	Talk with non-residential staff by phone at least three times per month and have a face to face visit at least once every month.
Other service providers (such as the therapist, transportation worker, DMH, DJJ, DDSN, DSS)	Talk with them at least every 30 days or after each meeting with your child if that worker does not see your child every month.

**Transition:  
moving from  
one thing or  
place to  
another.**



**As soon as you  
realize that  
your child  
will no longer  
be needing  
services  
from the  
Continuum,  
tell your  
child's  
Service  
Coordinator  
so that the  
TSP team can  
start working  
on transition  
services.**



## **Transition Services & Transition from Continuum**

Your child will need a “transition” TSP when Continuum services are no longer needed. Examples of why this might occur include:

- Your child has made progress and no longer needs case management services from the Continuum. Your child’s TSP team - which includes you - would make that decision.
- You have learned about the services available to your child and want to take on the role of service coordinator for your child.
- You or your child will be moving out of the state.

In addition, the TSP must start to address transition issues for any child who turns 14 years old. The Continuum can only serve your child until he or she reaches the age of 18 (if not in special education) or the age of 21 (if in special education). Therefore, the TSP team would need to start planning for the day that your child will no longer be eligible for services with the Continuum. Services on the Transition TSP would include those to help your child learn to live independently such as how to cook, get a job, shop, or manage money.

In all of the above cases, the TSP team would plan services that would help you and your child move from the support of the Continuum. Services might include:

- Helping you identify agencies that should continue to work with your child;
- Identifying services that your child may still need to stay stable or continue to make progress;
- Identifying skills that you and your child may need to learn in order to manage your child’s life without the Continuum’s support.

When your child no longer needs the services of the Continuum, it is called “case closure”.

### **Can A Case Be “Re-opened”?**

YES! The Continuum wants families to become independent. However, it can be scary to try to manage without help. The Continuum has made it easy for parents and guardians to come back to the Continuum if you decide to close your child’s case.

If your child leaves the Continuum but you or your child wants to come back within three years of date of case closure, then you or your child only has to call the Continuum to ask for help. If you only need some information or help with a referral, we will do that for you without making your child a Continuum client again. However, if your child needs case management and it has not been more than six months since closure, we will give your child a Service Coordinator. If it has been at least six months but no more than three years, then your child will be given a Service Coordinator as soon as there is a vacancy for a client seeking re-entry to the Continuum.

# Continuum of Care

## Services

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Think about what your child needs. The role of the Continuum is to help you find the services your child and family need. The team's job is to determine informal as well as formal services.

There are many available services. Your child, however, probably only needs some of them. The services that your child may need depends on:

- How well your child is doing;
- The help you and your family may need because of your child's behavior or emotional disturbance;
- What services your child and your family want;
- Your child's diagnosis or behaviors;
- What services your child and your family can fit into your schedule.

The Continuum of Care will work with you to find the services your child needs to grow and develop in a healthy manner. This will include both informal services (e.g. neighbor doing after school supervision) and formal services (e.g. behavior interventionist).

The different agencies and organizations that provide services to you and your child are part of the **service delivery system**. The service delivery system includes schools, community organizations, treatment programs, and anyone else who helps in your child's treatment.

There are so many services available that it is not possible to list all of them in the handbook. The ones listed are examples of services that many of the children with the Continuum receive. This section will help you to understand what services may be helpful for your child and your family.





**A service  
can be  
anything  
that can  
help your  
child  
improve  
and  
have a  
better  
quality  
of life.**



## **What Type Of Services Can My Child Have?**

There are several different types of services that your child and family may receive. The Continuum groups the different services under these headings:

- Case management services;
- Informal services;
- Educational services;
- Family support services;
- Non-residential services;
- Medical services;
- Residential services.

Services can be provided in many different ways by family members, by churches, by the Continuum, by other state agencies or by private providers that are paid to give a service to your child.

## **Case Management Services**

When someone provides “case management”, it means that person works to get services for another person. Many agencies and organizations provide case management, including the Continuum of Care.

While your child may have case management services provided by the Continuum of Care, he or she can also get case management at the same time from other city, county, or state programs such as the Department of Disabilities and Special Needs (**DDSN**) or the Department of Mental Health (**DMH**).

If your child is a client with the Continuum, the main or primary case manager will be your child’s Continuum Service Coordinator. That means that the Continuum Service Coordinator will make sure that everyone working with your child knows what services your child is getting and needs to get. The Service Coordinator will make sure that services are provided as outlined on the TSP.



**Tell your child's  
Continuum  
Service Coordinator  
about changes in  
your child's life.**

**For non-emergency  
information, call  
your child's Service  
Coordinator at the  
Continuum office.**



**You are the most  
important member  
of your child's TSP  
team. You should  
attend all meetings  
about your child  
since you play an  
important role in  
decisions about  
your child.**

## **Informal Services**

As we have said many times, you are the most important person in your child's life. You, your extended family, friends, church and neighborhood can offer your child many important informal services.

Teaching your child to make his or her bed, cook a meal or grocery shop is teaching important independent living skills. Involving your child in a church youth group helps your child develop important social skills. Asking your extended family to take your child for the weekend gives you a very valuable break. Asking your friends, family and neighbors to spend time with your child to teach him or her a sport, a trade, or just to have fun, allows your child to develop relationships, skills and self-confidence.

These are just a few examples of informal services that can help your child develop the skills he or she will need to function in your home, school, and community.

Your Service Coordinator will help you creatively explore all options for informal services. These services are very valuable because they are a natural part of your child's life and your community can help support you and your child after Continuum is no longer involved with you.

## Appropriate:

**Based on what  
your child can  
do and what he  
or she needs to  
do**



## Disabilities as defined by IDEA:

**Autism**

**Deafness**

**Visual impairment  
including blindness**

**Hearing impairment**

**Mental Retardation**

**Multiple disabilities**

**Orthopedic  
impairment**

**Serious emotional  
disturbance**

**Speech or language  
impairment**

**Traumatic brain  
injury**

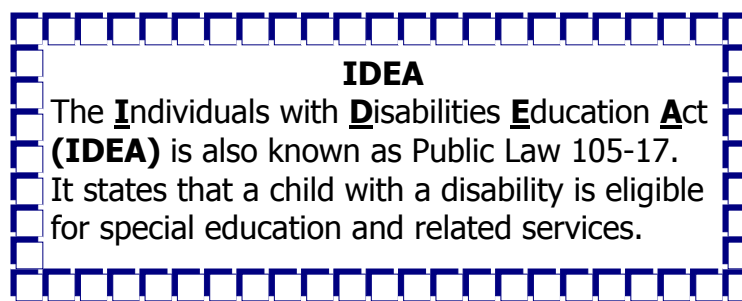
**Other health  
impairment**

## Educational Services

There are many laws to insure that children with disabilities are given a “free and appropriate” education by the South Carolina Department of Education. The Continuum will work with the school district serving your child to get services in place for your child if your child is covered by any of these laws.

To help you understand some of the requirements of the laws, this section of the handbook covers:

- **I**ndividuals with **D**isabilities **E**ducation **A**ct (**IDEA**)
- Section 504



### What is “special education”?

Special education is teaching designed to meet the special needs of a child with a disability. Special education can be provided in the classroom, at home, in a hospital or institution, or in other settings - wherever it is appropriate for the child. It is teaching that is needed to help a child with a disability learn the information and skills that other children are learning.

### Who can get special education?

Your child may be eligible IF:

- Your child has a disability that is in one of the **IDEA**’s categories (see left column); AND
- The disability affects how your child does in school.

Your child’s disability must cause him or her to need special education and related services.

**Want more information on special education? You can:**

- **Talk with your child's Continuum Service Coordinator.**
- **Ask to speak to someone about special education at your child's school.**
- **Read the Continuum's Parent Link newsletter.**
- **Go to a web-site that offers information on education (see below):**



**Web-site addresses:**

**National Information Center  
for Children and Youth with  
Disabilities:**

**[www.nichcy.org](http://www.nichcy.org)**

**United States Office of  
Special Education and  
Rehabilitative Services:**

**[www.ed.gov/about/offices/  
list/OSERS](http://www.ed.gov/about/offices/list/OSERS)**

**Parents Reaching out to  
Parents (pro-Parents):**

**[www.proparents.org](http://www.proparents.org)**

**If your child is eligible for special education . . .** Within 30 days of being determined eligible for services, the school must write and **I**ndividualized **E**ducation **P**rogram (**IEP**) for your child.

The **IEP** will:

- Have reasonable learning goals for your child;
- State the services that the school district will provide for your child.

The **IEP** team will meet to write your child's **IEP**. The team includes:

- You;
- Your child (if appropriate);
- At least one regular education teacher if your child is or may be in a regular education class for at least part of the time;
- At least one of your child's special education teachers or special education providers;
- Someone who can explain your child's evaluation and talk about what services your child may need;
- People from other agencies that may be responsible for paying for or providing transition services (if appropriate and needed);
- Others who know about your child or have special skills to work with your child (such as Continuum staff or your child's sitter).

**You have the right  
to invite anyone to your child's  
IEP meeting that you think would  
be helpful or that you want to  
attend - including your child's  
Continuum Service Coordinator.**

**What is a major physical or mental impairment?**

**Attention Deficit Disorder (ADD)**

**Attention Deficit / Hyperactivity Disorder (ADHD)**

**Behavioral Disorders**

**Diabetes**

**Chronic Asthma**

**Severe Allergies**

**Physical Handicaps**

**Substance Abuse Problems**

**Communicable Diseases**

**Temporary Handicapping Conditions**

**To get ready for the IEP meeting:**

- ☒ Make a list of your child's strengths and weaknesses.
- ☒ Talk to teachers and/or therapists to get their thoughts about your child.
- ☒ Visit your child's class.
- ☒ Visit other classes that you think might be good classes for your child.
- ☒ Talk to your child about how he or she feels about school.
- ☒ Write down what you think your child can do during the school year.
- ☒ Write down everything that you would like to say during the meeting.

**Section 504**

If a child is not eligible for services under IDEA, he or she may be eligible for services under Section 504.

Your child may be covered under this statute if he or she:

- Has a major physical or mental impairment that substantially limits a major life activity (see left column);
- Is in a preschool, elementary, secondary, post-secondary or vocational school.

Your child may also qualify if he or she is considered to be "at risk" or has just returned to school after a serious illness or injury.

**Section 504 is a civil rights statute that does not allow a child with disabilities to be discriminated against if he or she is in a program paid for with federal government money (such as public school).**

**Under 504,  
your child's IAP may  
include things like:**

- **Allowing your child more time to complete his or her assignments**
- **Adjusting the length of assignments**
- **Taping lectures**
- **Providing a computer**
- **Adjusting the seating of the child**
- **Reducing distractions.**

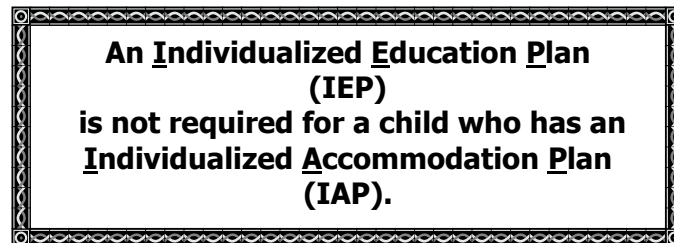
**If your child is eligible  
for services under  
504, your child is  
entitled to:**

- **An education that is like one that a non-handicapped student might receive;**
- **Regular or special education services and related aids and services designed to meet your child's educational needs;**
- **A written educational plan called an Individualized Accommodation Plan (IAP).**

**Section 504 and the Individualized Accommodation Plan**

An Individualized Accommodation Plan (**IAP**) is a written plan that describes the education services your child will receive. Like the IEP, it is written by a team. This team is made up of people who are trained to work with a child with a disability, including your child's teacher, and you.

The **IAP** can include regular education or special education services as well as other services needed to help your child in school.



**You can refer your child for Section 504 services if your child:**

- Is suspected of having a disability or is diagnosed as having a disability by someone outside of the school;
- Has a problem with substance abuse (drugs or alcohol);
- Is at risk of dropping out of school;
- May not be promoted to the next grade level at the end of the year;
- Is not learning from his current school instruction;
- Is returning to school after a serious illness or injury;
- Has a chronic health condition (for instance, sickle cell anemia, epilepsy, or heart condition);
- Is "at risk" of being suspended or expelled.

School districts are required to identify and evaluate any student who may be eligible for special services under Section 504. If your child receives services under Section 504, he or she would need to be evaluated again if a significant change in educational placement was needed. Your child's IAP should be reviewed regularly even if no changes seem to be needed.

**Can my child be disciplined if he or she is a 504 student?**

Yes. School staff may suspend a 504 student...but for only 10 days or less. They can not remove a 504 student for more than 10 days in a row or expel that student if the poor behavior was related to his or her disability.



## **Family Support Services:**

- **Help the main caregiver and the family deal with the child with special needs**

**&**

- **Help with the stress that the family may have due to dealing with a special needs child.**



## **Family Support Services**

Family Support Services are services provided to relieve the stress that a family may have in caring for a child with a severe emotional or behavioral problem.

**Intensive Family Services (IFS)** are put into place to strengthen the family unit. IFS services can include individual and family counseling, skills training, crisis management, and linking the family to community services. Services are time limited and focus on helping the family deal with the child with the disability.

There are 2 different times when IFS may be needed:

- There may be a chance that the child will have to be removed from the home to a more restrictive setting in order to help with the behaviors or deal with the emotional disturbance.
- The child is in residential placement and the family needs to prepare for the child's move back home.

**Caregiver Services** help the parent or guardian become better able to care for a child with an emotional or behavioral disturbance. The caregiver (the parent or guardian) would learn about the needs of the child and how to participate in the treatment services that the child is receiving. Caregiver services are available when:

- The child is living with the caregiver; or
- The child is moving home from an out-of-home placement.

**Temporary De-Escalation Care (TDC)** is available to a caregiver who has a lot of stress due to the constant demand of caring for a child with an emotional or behavioral disturbance. TDC allows the child to be out of the home for a short period of time. The goal of this service is to provide the caregiver with some relief so that the disruption will not be permanent. While in TDC care, the child is in a supervised, structured setting that can meet the child's basic needs for food, safety, daily care, health care, and treatment.

TDC can be in a variety of settings. It could be in a treatment home or a group home. The length of time that a child can be in TDC is usually no more than 30 days. Even if more time is needed, the longest time period that a child can be in TDC is 60 days.

**Family Group** refers to parents who talk and meet with each other to share experiences and support each other. They may provide training to each other and advocate for more or better services. The RESOURCES section of this handbook lists groups that may have a support group in your area. The Continuum's newsletters are another good source of information about support groups.

## Non-Residential Treatment Services

Non-residential treatment services are services that a child usually gets while living with the family. Sometimes a child will receive these services if living outside of the family's home because the TSP team thinks that the service will help the child more successfully return to live with the family. Some of the most commonly used services are:

- Therapy;
- Independent Living Skills; and
- Behavioral Intervention.

When we are not sure what type of service your child needs, we will arrange for an **Assessment**. We will refer your child to a trained professional who will meet with your child and recommend the types of services that will help your child.

**Therapy** is often recommended by a specialist or the TSP team. Therapy is:

- Aimed at changing behaviors, attitudes or emotions;
- Provided by a professional psychologist or psychiatrist.

**Independent Living Skills** is a service in which a person helps your child learn how to live more independently. The skills being taught could be basic living skills such as how to survive (planning for and buying food), become familiar with resources in the community (stores, doctors, restaurants), and how to get around in the community (using a bus/cab/car). Social skills are skills used in meeting and interacting with others.

**Behavioral Intervention** helps to change specific problem behaviors which may keep your child from doing well at school, home, or out in public settings. Examples are having a person in the school to work with your child on problem behaviors or having a therapist design a very specific plan for you to use at home.

**Vocational Services** are not used as often as the other services listed above. Services of this type are most appropriate for children who are 16 years of age and older. These services would help your child learn about jobs that are available and the skills that are needed to have a job. Vocational services are often provided through your child's school.



**Your child's  
Continuum  
Service  
Coordinator  
can help you  
get the  
medical care  
that your child  
needs.**



**Be sure to tell  
your child's  
Continuum  
Service  
Coordinator of  
your child's  
medical needs  
so that:**

- **The need can be listed on the TSP**
- **All TSP team members will be aware of any medical problems or needs.**

## **Medical Services**

When a child has a behavior or emotional disability, services for medical needs can get overlooked. Your child will do better if he or she gets care for health problems such as allergies, an infection, a toothache, or poor eyesight.

There are several things that your child needs in the way of medical care:

- **A Primary Care Physician**

A “primary care physician” is a doctor that your child sees each time that he or she is sick. It may be one doctor or a group of doctors who work together in a practice. The reason that your child needs to see the same doctor or group of doctors is that there will be a record of your child's illnesses and medical problems at that office. When your child visits his or her “primary care physician” when he or she is sick, then the doctor will be able to look at things such as:

- past illnesses;
- on-going medical concerns such as asthma or a seizure disorder;
- allergies (including allergic reactions to medicines);
- drugs that were not effective in the past.

Keep records and share them when your child sees a new health care provider. Having this history will make your child's medical treatment easier, more successful, and safer. Your child should also get needed preventive care such as vaccinations and follow-up treatment.

- **A Dentist**

Your child should have a regular dentist who can help your child's teeth stay healthy. Gum disease, decay, and other dental problems can endanger your child's overall health and how he or she feels.

- **Other Health Care Providers**

Your child should have his or her eyes checked regularly and receive treatment as needed. Your primary care physician may refer your child to other professionals such as an allergist or orthopedist. As for other health care, your child should go to the same specialist for follow-up treatment as long as you are happy with his or her services.

**If you want to know more about choosing a doctor for your child, ask your child's Service Coordinator to request information from the Continuum State Office**

**OR**

**Go to this website to print the National Information Center for Children and Youth with Disabilities (NICHCY) Parent's Guide: Doctors, Disabilities, and the Family: [www.nichcy.org/parents.htm](http://www.nichcy.org/parents.htm)**

## **How does a family choose a doctor or other health care provider?**

Consider a number of things when deciding if your child's doctor, dentist or other health care provider is the best one for your child:

### **Communication**

- ☒ Does he or she listen to what you have to say?
- ☒ Does he or she explain things to you in a way that you can understand?
- ☒ Does he or she let you share in making decisions about your child's care?
- ☒ Does he or she seem to care about your child?

### **Accessibility**

- ☒ Are your phone calls returned quickly when you have a question or concern about your child?
- ☒ Is it easy to get an appointment?
- ☒ Does your child live near enough to the office so that getting to the doctor for routine visits or emergencies is possible?

### **Quality of Practice**

- ☒ Are you happy with the care that your child receives?
- ☒ Does the provider understand your child's disability?
- ☒ Does he or she seem willing to tell you when your child needs to be referred to a specialist?

## Record of Medicines



### Questions to ask our child's doctor about your child's medicines:

- ☐ How will this medicine help my child?
- ☐ Has this medicine been helpful to other children with a similar condition?
- ☐ How long before I should see any improvement in my child?
- ☐ How long will my child need to take this medication?
- ☐ How much of each medicine should my child take?
- ☐ How often will my child take this medicine?
- ☐ Should this medicine be taken with food or at a particular time of day?
- ☐ Are there other foods or medicines that my child should avoid while taking this medicine?
- ☐ What are the common side effects of this medicine?
- ☐ Are there any uncommon side effects that I should watch for?
- ☐ Does this medicine lead to drug dependency? Can it be abused? What precautions need to be taken?
- ☐ Are there any activities or sports that my child should not do while taking this medicine?
- ☐ Are there any laboratory tests (such as heart or blood tests) which need to be done before my child begins this medicine?
- ☐ Are there any tests that need to be done while my child is taking this medicine?  
How often?
- ☐ How often will you check how my child is doing on this medicine?
- ☐ How will the decision be made to stop this medicine?

---

### Things you can do while your child is on medication:

- ☐ Make sure that your child understands why he or she needs to take the medicine.
- ☐ Talk with your child about any concerns that he or she may have about taking this medication.
- ☐ Tell your child's teacher and other school staff (such as the school nurse) about your child's medicine.
- ☐ If your child is embarrassed about taking medicine in front of other children (for instance, at school), talk with the adult giving the medicine about what can be done to make things easier for your child (giving it in a private room, for example).
- ☐ Make sure that you keep the medicine in a safe place.
- ☐ Carefully check that you are giving the right medicine in the right dose each time you give it to your child. Using a pill box with a separate section for each day can help you keep up with exactly how many pills you have given him or her each day.
- ☐ Keep the Poison Control Center's phone number (1-800-922-1117) written down where you can find it in case you accidentally give too much or the wrong medication—call them **before** you do anything unless your doctor has already told you what to do.
- ☐ Notify your doctor of any problems that occur while your child is on this medication.

## Record of Medicines

Name of Medicine	Dosage	Prescribing Doctor	Comments

## **Types of Residential Placements:**

***Treatment Home***

***Structured Group Home Care***

***Residential Treatment Facility***

***Psychiatric Hospital***

**The Service Coordinator will always talk with you, a Continuum supervisor and a Continuum Clinical Consultant before making a decision to place a child.**



## **Residential Services**

The decision to place a child outside of the home is a very serious decision and is always our last option. One of the goals of the Continuum is to keep children in the least restrictive setting possible. What this means is that the Continuum will work to provide services that will allow your child to remain in your home.

Sometimes, the services that the Continuum and other agencies provide for a child living at home do not provide the support or treatment that a child with a severe emotional or behavioral disability needs. When a child needs more intensive treatment, residential services may be called for.

When a child is placed in residential treatment, he or she lives at the place where treatment is provided. The type of treatment or structure that a child needs helps in determining where the child should be placed.

If your child is unable to live at home, the Total Service Plan (TSP) team (which includes you) will work on a plan to provide the services that your child and your family need to allow your child to return home as soon as possible.

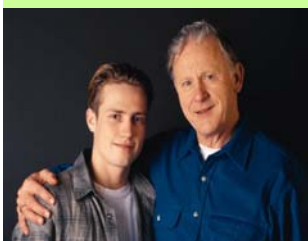
Discharge goals are established upon admission to any residential program. Your child's progress toward goals will be monitored by his or her Service Coordinator and will determine length of stay.

A team, including a clinical coordinator, decides what treatment program a child needs by using procedures outlined in our Level of Care (LOC) Protocol. The outline guides us to look at things such as:

- The child's diagnosis and current problems;
- The family's ability to manage the child;
- Whether or not there are services in the child's community that can provide needed support;
- If community services have been used as much as possible;
- If the child has been in placement before and if previous placement helped;
- The types of services that a residential placement could provide;
- The amount of supervision that the child needs;
- The most appropriate type of placement for the child;
- The educational needs of the child.

## Residential Services-continued

**You will continue to be involved in your child's life even if he or she is in residential placement.**



**SSI can help to pay for your child's residential placement.**



If your child is placed in a residential program, there are several things you need to know:

- You have decision-making rights about your child's case.
- The TSP team will develop a plan outlining what needs to happen for your child while he or she is in residential placement.
- The TSP team will plan services that your family may need to help you prepare for your child's return to the family.
- You will need to stay in contact with your child - making phone calls and visiting on a regular basis.
- You will need to attend appointments for all services that you and your family may need, such as family therapy.
- You will need to continue to financially support your child by buying clothes and toiletries, (toothpaste, deodorant, etc.) or by paying a service fee.
- If your child gets SSI, that money will go to pay for the placement while your child is in the program.
- You will need to continue to attend your child's TSP meetings.
- If your insurance covers the residential service, you will be asked to use your insurance for the child's stay. See page 4 in the Medicaid/SSI section of this manual.

**Your support of your child while he or she is in a residential program is the most important part of the program. The more involved you and your family are with your child during the placement, the quicker he or she will most likely be able to return home.**

**On the next page, you will find a brief description of the different types of residential placements.**



## Different Types of Residential Treatment Services

In a **Treatment Home** program, a child is matched with treatment parents who have been recruited and trained to work with children with severe emotional and behavioral problems. As part of the program, these specially trained parents get help from other staff who work with the child. The extra support helps manage the child and provides the structure needed to keep him or her from harm to self or others.

**Structured Group Home Care** programs provide home-like settings for a group of children who have similar problems and needs. Number of staff and levels of supervision can vary in these group home setting. There are also various types of group homes, including supervised independent living, and wilderness camps.

These settings may have services such as behavioral interventions, special groups and life skills, etc. The purpose of group home care is to provide a structured environment where services can be provided which will allow a child to overcome problems so that the child can move to a less restrictive community placement or return to the family.

A **Residential Treatment Facility (RTF)** is a highly structured program that provides behavioral and emotional services at the RTF, including school services. Because of severe emotional or behavioral problems, the setting is usually secure, meaning that it may have special locks or electronic devices to keep children from running away.

Sometimes, treatment must be in a **Psychiatric Hospital**. The amount of time a child would be in this level of care depends on what is causing the problem and the type of treatment needed.

An **Alcohol and Drug Inpatient Treatment** program provides services aimed at emotional and behavioral changes that led to problems with alcohol and other drugs.



# Continuum of Care

## Resources

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There are many agencies and organizations that can provide services to children and youth with disabilities. Many children served by the Continuum are also served by some of the groups listed in this RESOURCE section.

The information provided in this section gives a brief look at each agency and organization listed. Included are phone numbers and, when available, website addresses. In most cases, your child's Continuum Service Coordinator will coordinate services that are needed. However, you - the parent or guardian - are your child's best advocate. The more informed you are about the resources available to your child, the better you will be able to decide which services are the ones that your child needs. Having information about services means that you will be able to contact those agencies and organizations to get more information and, when needed, ask for help or make referrals yourself. The information in this section can also help you in getting services for your child once he or she is no longer served by the Continuum.

The Continuum staff will be available to help you find out more information, as well. If you have questions or want to know more about anything in this section, talk with your child's Service Coordinator. He or she will be able to explain the services more fully, answer your questions, or get more information for you.



## **Federation of Families**



### **Mailing Address:**

**P O Box 1266  
Columbia, SC 29202**

### **Phone Numbers:**

**1-866-779-0402  
(free call outside of the  
Columbia area)**

**(803) 779-0402  
(Columbia area)**

### **E-mail Address:**

**fedfamsc@yahoo.com**

### **Web Address:**

**www.fedfamsc.org**

## **Federation of Families**

The Federation of Families is a non-profit organization that is concerned about children's mental health. This group makes people aware that children can have or may be at risk to have emotional, behavioral, or mental disorders. They participate in activities to make it easier for families to get community-based services for children who have mental health issues. They work with families to teach them about the services that are available and to help families learn how to get needed services.

Some of the services that the Federation provides include the following:

- This group will provide training on organizing a community Federation chapter and provide technical assistance after the group is formed. These community chapters provide family members with support and information. Also, the Federation will help these parent groups learn how to advocate for their children's needs in the community.
- A Parent-to-Parent Support Program that matches trained volunteer parents and parents in need of assistance. Parent volunteers who have a child with an emotional, behavioral or psychiatric disorder are provided training before being matched with another parent. These trained parents then offer other parents emotional support, share personal experiences and provide information about community resources and services. Matches are based on the child's diagnosis and the area in which the family lives.
- A quarterly parent newsletter that gives information about programs, workshops, and conferences provided by the Federation as well as other organizations, groups, and agencies. This newsletter also contains articles of interest to parents of children with a disability.

# **National Information Center for Children and Youth with Disabilities (NICHCY)**

**Phone Number:  
1-800-695-0285  
(toll free)**

**E-mail Address:  
nichcy@aed.org**

**Web Address:  
www.nichcy.org**

**Mailing Address:  
NICHCY  
P. O. Box 1492  
Washington, DC  
20013-1492**

## **National Information Center For Children and Youth With Disabilities**

The National Information Center for Children and Youth with Disabilities (NICHCY) is a national information and referral center. It provides information on disabilities and disability-related issues for families, educators, and other professionals. This organization's special focus is on children and youth (birth to age 22).

NICHCY can give families information on many topics, including:

- Special education
- Individualized education programs
- Disability organizations
- Education rights
- Transition to adult life

One major focus of NICHCY is to provide information on education laws that apply to children with disabilities. They offer a number of publications. Some of the titles include:

- *The Education of Children and Youth with Special Needs: What Do the Laws Say?*
- *Individualized Education Programs (IEP's)*
- *Questions and Answers about the Individuals with Disabilities Education Act (IDEA)*
- *Questions Often Asked by Parents about Special Education Services*
- *Related Services for School-Aged Children with Disabilities*

NICHCY's services include:

- Answering specific questions you may have. You can call them directly at 1-800-695-0285 (free call) or e-mail them at nichcy@aed.org.
- Providing a wide variety of publications, including fact sheets on specific disabilities, contact information for South Carolina (state senators, Education Department staff, parent trainers, etc.), and parent guides.
- Referrals to other organizations and sources of help.
- Information searches of their databases and library to give you the information that you may need.

Materials provided by NICHCY are available in Spanish, including the information on their website.

**DDSN has several programs for individuals with specific disabilities:**

**\* Autism      \* Head and Spinal Cord Injury      \* Mental Retardation and Related Disabilities      \* Early Intervention**

**You can visit DDSN's website at: [www.ddsn.sc.gov](http://www.ddsn.sc.gov)**

## **South Carolina Department of Disabilities and Special Needs**

The Department of Disabilities and Special Needs (**DDSN**) is a state agency that works with children and adults who have a disability related to one or more of the following:

- Mental retardation;
- Autism;
- Traumatic brain injury;
- Spinal cord injury;
- Disability similar to a traumatic brain injury or spinal cord injury;
- Age 36 months or less, seems to be developing too slowly and may have a disability.

Each county in the state of South Carolina has a Disabilities and Special Needs (**DSN**) Board that provides the services to people who meet DDSN eligibility requirements. The age of the person served by DDSN depends on the type of disability.

- The Early Intervention Program serves children from birth to 3 years of age.
- Individuals who qualify for services under the Head and Spinal Cord Injury program will be served regardless of age. This means that once a person is eligible, he or she will always have a service coordinator with DDSN unless he or she decides to leave the program or moves out of state.
- Individuals who qualify for services under the Mental Retardation and Related Disability program and the Autism program are eligible if the disability occurred prior to the age of 18. As with the Head and Spinal Cord Injury program, once a person is determined to be eligible, he or she is eligible for life.

The types of services that DDSN gives a child are similar to what the Continuum can do. DDSN services can include:

- Working with the schools and other agencies involved with the child;
- Finding a place for a child to live if living at home is not possible;
- Providing respite care (someone to temporarily take care of a child when the family needs a rest);
- Arranging job training;
- Arranging a job coach to help a person find a job and learn how to do that job;
- Funds to help pay for things that a child may need such as transportation, special equipment, and day care.

A child who is eligible for DDSN services may have a DSN Board service coordinator and a Continuum Service Coordinator if he or she is eligible for both.

## South Carolina Department of Education



**To contact the  
Department of  
Education, call:**

**(803) 734-8500  
(in Columbia)**

**1-800-763-5437  
(toll free)**

**Website:**

[http://  
www.ed.sc.gov/  
visitors/parents/](http://www.ed.sc.gov/visitors/parents/)

**To contact the  
National  
Alliance for the  
Mentally Ill-  
South Carolina,  
call:**

**(803) 733-9592  
Or  
1-800-788-5136  
(toll free)**

**Or write:  
NAMI-SC  
P. O. Box 1267  
Columbia, SC  
29202**

**Web Address:**

[www.namisc.org](http://www.namisc.org)

The Department of Education is a state agency responsible for making sure that all children, ages 3 through 21, have a free and appropriate public education available to them through local districts in each county.

Within the Department of Education is the Office of Programs for Exceptional Children. That office is in charge of making sure that:

- The education provided to each child with a disability is designed to meet the unique and individual needs of that child;
- The rights of children and their parents/guardians are protected;
- School districts have the assistance that they need in providing for children's education.

Public Law 101-476 says that children with disabilities must have available to them a free and appropriate public education. It also requires that a child in special education must have an Individualized Education Plan. For additional information on the laws about special education, see the Education part of the SERVICES section of this handbook.

## National Alliance for the Mentally Ill of South Carolina

The National Alliance for the Mentally Ill (NAMI) of South Carolina is a non-profit organization made up of local groups throughout South Carolina. They provide education, support, and advocacy for the families and friends of people with serious mental illness and those persons with serious mental illness. Their services include the following:

- Monthly support groups and information meetings are held throughout the state. Through these meetings, NAMI provides sympathetic understanding and encouragement as families learn to cope with the mental illness of a family member.
- On a regular basis, NAMI provides free education programs throughout the state. These include:
  - *Visions for Tomorrow*, a course for caregivers of children and teenagers with biological brain disorders. This is a series of 12 consecutive workshops. The teachers of the program are trained family members who have experienced firsthand the rewards and the challenges of raising a child with a brain disorder.
  - *Family to Family* is a series of 12 workshops for family members and caregivers of individuals with mental illnesses. The teachers are trained family members who have firsthand experience. The course allows caregivers an opportunity to share mutual experiences and learn valuable lessons from one another in an atmosphere of acceptance and support.
- NAMI-SC monitors and lobbies legislation at both the state and federal level. They advocate for better laws to help people with mental illness.

## **South Carolina Department of Juvenile Justice**

Whenever an adult has been accused or convicted of a crime in the state of South Carolina, the Department of Corrections is involved. However if it is a child who is accused or convicted of a crime, then the Department of Juvenile Justice (**DJJ**) is the agency to provide the required services. DJJ is also involved when a child is convicted of a status offense. Examples of status offenses are when a child runs away from home or does not attend school. These children may have been adjudicated. That means that, during a court hearing, a judge decides whether or not the child was guilty of a crime and what would happen to the child if he or she was guilty.

DJJ offers many different programs. Those programs include:

- Crime prevention programs;
- Detention and release screening;
- Supervision while the child is on probation;
- Treatment for a child who is in a DJJ institution;
- Educational services for a child in a DJJ institution.

If your child is or becomes a DJJ client while he or she has a Continuum Service Coordinator, your child's Service Coordinator and the DJJ worker will work together to find a service plan that best meets the needs of your child. The DJJ worker will make sure that the court's decisions are followed.

## **South Carolina Department of Mental Health**

The Department of Mental Health (**DMH**) has many different kinds of services for people of all ages who have psychiatric or emotional problems. Like the Continuum, DMH encourages families and the people involved with the child to be a part of the child's treatment. Some of the services DMH offers are:

- Evaluation - looking at what the problem is and what services are needed to help with the problem;
- Crisis stabilization - working with people and families when the problem is worse than usual;

**To learn more  
about the  
Department  
of  
Juvenile Justice,  
go to their  
website:**

**[www.state.sc.us/djj](http://www.state.sc.us/djj)**

**For more  
information on the  
Department of  
Mental Health  
you can contact  
them at:**

**Phone:  
(803) 898-8581**

**Website:  
[www.state.sc.us/dmh](http://www.state.sc.us/dmh)**

## **South Carolina Department of Mental Health (con't)**

- Individual therapy - treatment to help a person with a problem;
- Family therapy - working with the person and his or her family to make a problem better;
- Group therapy - the person meets with other people who have a similar problem in order to make his or her problem better;
- Inpatient services - working with the person in a hospital when the problem is too serious for the person to live in a homelike setting;
- Job services - helping a person learn skills to get a job and programs to help a person keep a job;
- Advocacy programs - protecting the rights of people who have mental health problems (advocacy).

DMH also provides special services for sexual offenders and people who were abused as a child. DMH provides many of its services at local mental health centers near where you and your child live.

In order to give services to people where they live, DMH has divided South Carolina into 17 different areas. Each area has a mental health center to provide services to the people who live in that area. DMH also has several hospitals that can provide treatment when a person needs more care than he or she can get living at home and going to the local mental health center.



## **South Carolina Department of Social Services**

The Department of Social Services (DSS) has programs that provide services in many different areas. Some DSS programs are:

- Child Protective and Prevention Services (CPS)

This service is set up to make sure that children are safe and have their needs met. Sometimes parents who are having problems may hurt their children. Or they may be unable to make sure that their children have the food, clothing, and other things that they need. When this happens, DSS may step in and work with the family to make things better. In cases where the child may be in danger, DSS may put the child in a temporary home or shelter. DSS will work with the family to help the family be able to take care of the child again.

DSS is different from other agencies because it may have legal custody of the child. This means that DSS acts as a legal guardian (makes decisions about the child that the parent would usually make). DSS has the responsibility for developing a permanent life plan for the children in their custody.

The Continuum of Care does not serve children who are in the custody of DSS. There is a separate unit in DSS that provides services for children in DSS custody who have problems similar to those experienced by Continuum clients. That unit is called Managed Treatment Services or MTS.

- Addult Protective Services (APS)

This service is set up to make sure that elderly people and people who are disabled and unable to care for themselves are protected. APS provides services to meet these adults' basic needs such as having food and a safe place to live. APS also looks into reports that someone is abusing elderly or disabled people.

- Medical Support

DSS runs the programs that provide money for medical care for needy or disabled people. This program includes determining who is eligible to have Medicaid and providing transportation to those medical services. Also included in this program is the Partners for Healthy Children Program. This program pays for free health insurance for children (birth to 18 years old).

**To contact the  
South Carolina  
Department of  
Social Services  
State Office, call:  
(803) 898-7601  
(in Columbia area)  
Or  
1-800-768-5700  
(toll free)  
For TANF/Food  
Stamps and  
Client Services**

**Website:**

**[www.dss.sc.gov](http://www.dss.sc.gov)**

**NOTE:**

**The Continuum  
does not serve  
children who are  
in the custody of  
DSS - Managed  
Treatment Services  
(MTS),  
a division of DSS,  
provides services to  
children in DSS  
custody who have a  
severe emotional  
disturbance.**



**For more  
information  
about  
Medicaid  
and  
Partners for  
Healthy Children,  
look in the  
MEDICAID/SSI  
section of this  
handbook.**



## **South Carolina Department of Social Services (con't)**

- **Temporary Assistance for Needy Families Program (TANF)**  
TANF tries to do several different things to help make stronger families. This program does the following:
  - Helps a family care for their children in their own home or in the home of a relative when the family's income is low; this is done by paying the family a monthly amount of money and providing other services to help that family support themselves.
  - Provides education and job training to a parent, then helps the parent find a job.
  - Provides services such as after-school activities for the children, home visitation programs, counseling and treatment services to a family as a support.
  - Prevents and reduces the number of children born to unwed mothers; this is done by providing programs about preventing teen pregnancies and family planning activities.
  - Offers child support services and encourages the father to be involved so that there are more two-parent families.
  - Makes sure that families that no longer get welfare payments know about other benefits that they may get and helps them to get those benefits (such as Medicaid and food stamps).
- **Child Support Enforcement Division (CSED)**  
Any parent who has physical custody of a child (the child lives with that parent) and needs help getting child support payments can ask for help from this program. Parents who are in the Temporary Assistance for Needy Families (TANF) program automatically get this service. To ask for help, call their toll free (no cost to you) number: 1-800-768-5858.

These programs are in counties across the state. To find out more about DSS or to make a referral, call the DSS office in the county in which you live.



**To learn more about  
Family Connection,  
to ask for  
information, or  
to ask for a copy of their  
newsletter, call or visit  
them at:**

**Statewide phone  
number:  
1-800-578-8750  
(toll free)**

**2712 Middleburg Plaza  
Suite 103-B  
Columbia  
(803) 252-0914**

**29 North Academy Street  
Greenville  
(864) 331-1340**

**714 East National  
Cemetery Road  
Florence  
(843) 662-0675**

**853 North Church Street  
Suite 410  
Spartanburg  
(864) 560-1476**

**Website Address:  
[www.familyconnections.org](http://www.familyconnections.org)**

**For State Directory  
Assistance, call:  
(803) 896-0000**

## **Family Connection of South Carolina, Inc.**

Family Connection is a network of parents helping other parents of children with special needs of all ages. The types of special needs include seizure disorders, attention deficit disorder, autism, down syndrome, cerebral palsy, heart disease and other chronic illnesses, and problems related to delays in a child's development. Family Connection trains parents throughout the state so that those parents can be "matched" with other parents who may have a child with a similar problem or situation. The trained parent works with the parent who asked for help by providing emotional support and information about services. All information and help from Family Connection is free.

Parents may seek help for a child with special needs:

- At the birth of a child with a disability or when a child is diagnosed with a disability;
- When dealing with concerns about the school program;
- When the child is ill;
- When planning for a child's adult years;
- When concerned about a child's brothers or sisters;
- When dealing with day-to-day matters.

Family Connection sponsors a number of support groups across the state. While most of the support groups focus on developmental delays and physical handicaps, some of the groups focus on Obsessive Compulsive Disorder and Autism.

Family Connection produces a newsletter with information about the organization, support group meetings, workshops, and activities that may be of interest to parents.

## **State Directory Assistance**

Sometimes, finding the number of a state agency can be frustrating. If you are unable to locate a number in the phone book, you can call the State Directory Assistance number for help at (803) 896-0000. The operator there should be able to give you the number for any state agency.

**PRO - Parents sponsors workshops that tell parents and guardians about special education laws.**

**To find out more about PRO - Parents and the workshops in your area, call:  
1-800-759-4776 (statewide toll free)**

**Or**

**772-5688 (in Columbia)**

**PRO - Parents website:  
[www.proparents.org](http://www.proparents.org)**

**For more information on P & A, call:**

**1-866-275-7273**

**Or**

**Visit their website at:**

**[www.protectionandadvocacy-sc.org](http://www.protectionandadvocacy-sc.org)**

## **Parents Reaching Out to Parents**

Parents Reaching Out to Parents (PRO-Parents) is a statewide, nonprofit organization providing information, training, and leadership to families. They help individuals with disabilities and their families learn how to be more independent in their communities. They teach about services that the school must provide for a child with a disability. They provide the following:

- Workshops that help parents understand their rights, roles, and responsibilities in getting special education services for their child;
- Written information on specific disabilities, special education, special education laws, and resources in their area as well as across South Carolina and the United States;
- Phone assistance with solving problems and making referrals to other agencies and organizations that can help;
- Matching a family who needs help with a parent who has had similar problems and has been trained to help other families.

PRO-Parents is part of a national network of Parent Training and Information Centers that provides help to parents. It is funded by a grant from the United States Department of Education and tax-deductible contributions.

## **Protection & Advocacy for People With Disabilities, Inc.**

Protection & Advocacy (P & A) is a private organization that is required by law to protect the rights of people in South Carolina who have a disability. It does not charge a fee for services. P & A may serve any person with a mental or physical disability regardless of his or her income, age, sex, race, type of disability or religion. Each office has people who can provide counseling, training, information, and referral for services.

When a person with a disability needs someone to help him or her in a meeting or with a situation, then P & A can be asked to be involved. P & A has lawyers to help in situations that require legal knowledge and experience. They also can help when a person is illegally denied a needed service by an agency or program.

P & A has several regional offices in South Carolina. These offices work closely with the central (main) office in Columbia. To find a regional office near you, call the toll free number shown in the left column.



**Contact Vocational Rehabilitation: (803) 896-6500.  
Located at: 1410 Boston Avenue - West Columbia**



## **South Carolina Vocational Rehabilitation Department**

The South Carolina Vocational Rehabilitation Department (**VR**) is a state agency that provides, plans and coordinates rehabilitation services for people with disabilities who meet VR eligibility requirements. VR services are focused on helping a person train for and find a job.

The agency can serve school-aged youth with disabilities. The services that Vocational Rehabilitation provides to students is similar to the services provided to all other Vocational Rehabilitation clients. The services are provided either in a child's school or an area office. When working with a student, Vocational Rehabilitation will:

- Determine what type of job services he or she needs;
- Provide counseling, guidance and referral;
- Arrange services to help the student regain abilities if the disability is the result of an injury or illness;
- Provide vocational (job) training;
- Assist in finding a job that matches the student's abilities;
- Provide follow-up with the student to help with any problems that may occur;
- Provide other goods and services that can help the student get and keep a job.

Vocational Rehabilitation not only has its own facilities but also works with people in jobs in other settings as well. Vocational Rehabilitation works with individuals in centers such as Department of Mental Health, Corrections and Juvenile Justice, the Workers' Compensation Program, Wil Lou Gray Opportunity School, Charleston Veterans Administration (VA) Hospital, Roger C. Peace Rehabilitation Institute in Greenville, Medical University of South Carolina, as well as two residential rehabilitation centers for substance abuse.

If a public school student needs to be referred for services, the school will make the referral and work with the assigned VR staff person to determine the needed services. Then the school will arrange a schedule to allow the student to get the necessary training and actually work at a job during the school day.

If an individual needs to be referred and is not in school, anyone can make the referral.

## **The SC Youth Challenge Academy at the Wil Lou Gray Opportunity School**

Wil Lou Gray Opportunity School is a state agency providing an alternative high school setting for students ages 16 - 18 who are at risk of school failure. The students who attend this school live on the campus. The school is accredited by the South Carolina Department of Education. It offers a high school degree program, GED program, and a vocational certificate program. In addition, students can receive training in a number of different vocational areas including typing/word processing, child care, auto mechanics, building construction, and introduction to computers.

While referrals are usually made by the school district of the student, anyone (including parents) can make a referral.

## Juvenile Justice Services

**Unlike adults, children under the age of 18 are not "convicted" of a crime. Instead, they are "adjudicated" (a judge determines what should be done).**

**When adjudicated, the child may be:**

- ♦ **Sent for an evaluation at one of DJJ's evaluation centers;**
- ♦ **Be evaluated by someone in the community;**
- ♦ **Be committed to one of DJJ's institutions if evaluated within the last year.**

**After evaluation, the juvenile (child) returns to family court for a hearing to determine what will happen next. The judge may decide to:**

- ♦ **Place the juvenile on probation**
- ♦ **Require some other type of treatment; put the juvenile in a**
- ♦ **DJJ facility.**

Juvenile Justice services become part of a child's Total Service Plan (TSP) when a child is in the Department of Juvenile Justice (DJJ) intake stage, committed to a DJJ institution, or placed on probation or parole.

### **Intake Stage**

During the intake stage, DJJ staff will interview the child to get information that will be needed to prepare for the court appearance.

### **Evaluation**

A child may have a complete evaluation to determine the child's psychological, social, educational, and medical needs. The findings of the evaluation would be given to the family court to help the judge determine what the changes will be. In some cases, the judge may recommend that the child remain with the family and get treatment (interventions) or therapy in the child's community. In other cases, the judge may recommend that the child be removed from the family and services would be provided while the child is with the Department of Juvenile Justice (**DJJ**).

### **Probation and Parole**

Probation counselors supervise youth placed on probation by the family court. Parole counselors supervise youth discharged from institutions (DJJ) on "conditional release". These counselors work with the child and the family to set up behavior guidelines and goals to help the child avoid trouble. The counselors meet with the child and others involved with the child to make sure that the child is doing what is necessary to keep him or her from becoming further involved with law enforcement.

### **Institutionalization**

If a child is placed at a DJJ facility, he or she could receive a number of services, depending on the type of offense and the needs of the youth:

- ♦ educational services;
- ♦ psychological services;
- ♦ case management;
- ♦ counseling;
- ♦ alcohol and drug treatment;
- ♦ sex offender treatment.

# WHAT DOES IT ALL MEAN?

## **LIST OF ACRONYMS** **You may find used in the parent manual**

APS	-	Adult Protective Services
CAFAS	-	Child and Adolescent Functional Assessment Scale
CPS	-	Child Protective and Prevention Services
CSED	-	Child Support Enforcement Division
DDSN	-	Department of Disabilities and Special Needs
DHHS	-	Department of Health and Human Services
DJJ	-	Department of Juvenile Justice
DMH	-	Department of Mental Health
DSS	-	Department of Social Services
IAP	-	Individualized Accommodation Plan
IDEA	-	The Individuals with Disabilities Education Act
IEP	-	Individual Education Plan
IFS	-	Intensive Family Services
IFSCCS	-	Intensive Foster Care & Clinical Services
LOC	-	Level of Care
NAMI	-	National Alliance for the Mentally Ill
NICHY	-	National Information Center for Children and Youth
P & A	-	Protection and Advocacy
PHC	-	Partners for Healthy Children
PRO-Parents	-	Parents Reaching Out
RTF	-	Residential Treatment Facility
SCDPPP	-	South Carolina Department of Probation, Parole, and Pardon
SSI	-	Supplemental Security Income
TANF	-	Temporary Assistance for Needy Families Program
TDC	-	Temporary De-Escalation Care
TEFRA	-	Tax Equity and Fiscal Responsibility Act
TSP	-	Total Service Plan
VR	-	South Carolina Vocational Rehabilitation Department

## Where To Go When Applying For Medicaid

### SC Department of Health & Human Services County Offices

<b>Abbeville County</b> Post Office Box 130 903 West Greenwood Street Abbeville, SC 29620 (864) 366-5638	<b>Aiken County</b> Post Office Box 2748 1410 Park Avenue, SE Aiken, SC 29802 (803) 643-1938
<b>Allendale County</b> 611 Mulberry Street Allendale, SC 29810 (803) 584-8137	<b>Anderson County</b> Post Office Box 160 224 McGee Road Anderson, SC 29622 (864) 260-4541
<b>Bamberg County</b> Post Office Box 544 374 Log Branch Road Bamberg, SC 29003-0544 (803) 245-4361	<b>Barnwell County</b> Post Office Box 648 10913 Ellenton Street Barnwell, SC 29812 (803) 541-1200
<b>Beaufort County</b> Post Office Box 1255 1905 Duke Street Beaufort, SC 29901-1255 (843) 470-4625	<b>Berkeley County</b> Post Office Box 1409 Moncks Corner, SC 29461 (843) 761-8044
<b>Calhoun County</b> Post Office Box 378 2831 Old Belleville Road St. Matthews, SC 29135 (803) 874-3384	<b>Charleston County</b> Post Office Box 13748 326 Calhoun Street Charleston, SC 29422-3748 (843) 79-0444
<b>Cherokee County</b> Post Office Box 89 1434 North Limestone Gaffney, SC 29342-0089 (864) 487-2521	<b>Chester County</b> Post Office Box 447 115 Reedy Street Chester, SC 29706 (803) 377-8131
<b>Chesterfield County</b> Post Office Box 855 201 North Page Street Chesterfield, SC 29709 (843) 623-5226	<b>Clarendon County</b> Post Office Box 788 3 South Church Street Manning, SC 29102 (803) 435-4303



## **SC Department of Health & Human Services County Offices (continued)**

<b>Colleton County</b> Post Office Box 110 215 South Lemacks Street Walterboro, SC 29488 (843) 549-1894	<b>Darlington County</b> 404 South Fourth Street, Suite 300 Hartsville, SC 29550 (843) 332-2289
<b>Darlington County</b> Post Office Drawer 2077 300 Russell Street, Room 145 Darlington, SC 29540-2077 (843) 398-4420	<b>Dillon County</b> Post Office Box 351 1213 Highway 34 West Dillon, SC 29536 (843) 774-2713
<b>Dorchester County</b> Post Office Box 56 201 Johnston Street, Bldg. 17 St. George, SC 29477 (843) 563-9524	<b>Edgefield County</b> Post Office Box 386 500 W. A. Reel Drive Edgefield, SC 29824 (803) 637-4040
<b>Fairfield County</b> Post Office Box 1139 1136 Kincaid Bridge Road Winnsboro, SC 29180 (803) 635-5502	<b>Florence County</b> 2685 South Irby Street, Box 1 Florence, SC 29505 (843) 669-3354
<b>Georgetown County</b> Post Office Box 371 330 Dozier Street Georgetown, SC 29442 (843) 546-5134	<b>Greenville County</b> Post Office Box 9399 301 University Ridge, Suite 6700 Greenville, SC 29604-9399 (864) 467-7800
<b>Greenwood County</b> Post Office Box 1016 1118 Phoenix Street Greenwood, SC 29648 (864) 229-5258	<b>Hampton County</b> 102 Ginn Altman Avenue Hampton, SC 29924 (843) 914-0053
<b>Horry County</b> Post Office Box 290 1601 11th Avenue, 2nd Floor Conway, SC 29526 (843) 381-8260	<b>Jasper County</b> Post Office Box 1150 204 North Jacob Smart Blvd. Ridgeland, SC 29936 (843) 726-7747



**SC Department of Health & Human Services  
County Offices (continued)**

<b>Kershaw County</b> Post Office Box 220 110 East DeKalb Street Camden, SC 29020 (803) 432-7676 Ext. 106	<b>Lancaster County</b> Post Office Box 2169 200 E. Dunlap Street Lancaster, SC 29720 (803) 286-8208
<b>Laurens County</b> Post Office Box 388 Laurens, SC 29360  OR 	93 Human Services Road Human Services Complex Clinton, SC (864) 833-0100
<b>Lee County</b> Post Office Box 406 820 Brown Street Bishopville, SC 29010 (803) 484-5376	<b>Lexington County</b> Post Office Drawer 805 541 Gibson Road Lexington, SC 29071 (803) 957-2991 - (FI Medicaid) (803) 957-2975 - (SSI Medicaid)
<b>McCormick County</b> 215 North Mine Street Highway 28 North McCormick, SC 29835 (864) 465-2627	<b>Marion County</b> Post Office Box 1837 200 Airport Court Mullins, SC 29571 (843) 423-5417
<b>Marlboro County</b> Post Office Drawer 1074 1 Ag Street Bennettsville, SC 29512 (843) 479-4389	<b>Newberry County</b> Post Office Box 1225 2107 Wilson Road Newberry, SC 29108 (803) 321-2155
<b>Oconee County</b> Post Office Box 979 100 Brown Square Walhalla, SC 29691 (864) 638-4400	<b>Orangeburg County</b> Post Office Box 1407 2570 Old St. Matthews Road, NE Orangeburg, SC 29116 (803) 531-3101
<b>Pickens County</b> Post Office Box 160 212 McDaniel Avenue Pickens, SC 29671 (864) 898-5815	<b>Richland County</b> 3220 Two Notch Road Columbia, SC 29204 (803) 714-7562 or (803) 714-7462

**SC Department of Health & Human Services  
County Offices (continued)**

<b>Saluda County</b> Post Office Box 245 613 Newberry Hwy. (Highway #121 North) Saluda, SC 29138 (864) 445-2139	<b>Spartanburg County</b> Post Office Box 4847 1000 N. Pine Street, Suite 23 Pinewood Shopping Center Spartanburg, SC 29305 (864) 596 2714
<b>Sumter County</b> Post Office Box 2547 105 North Magnolia Street, 4th Floor Sumter, SC 29151 (803) 773-5531	<b>Union County</b> Post Office Box 1068 200 South Mountain Street Union, SC 29379 (864) 429-1660
<b>Williamsburg County</b> Post Office Drawer 767 831 Eastland Avenue Kingstree, SC 29556 (843) 355-5411	<b>York County</b> P O Box 710 1890 Neely's Creek Road Rock Hill, SC 29731 (803) 327-9061

**SC Department of  
Health and Human Services**

**Post Office Box 8206  
Columbia, SC 29202-8206  
(803) 898-2500  
(888) 364-3224 -(fraud line)  
(888) 549-0820—(Medicaid beneficiaries)**